

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF  
COMMITTEE (in full)☐(Check if name  
is changed)Example: If typing, type  
over the lines

12FE4M5

Spine PAC of the National Association of Spine Specialists

ADDRESS (number and street)

7075 Veterans Blvd.

☐(Check if address  
is changed)

Burr Ridge

IL

60527

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐(Check if address  
is changed)

nschilligo@spine.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

☒(Check if address  
is changed)

www.spineadvocate.org

2. DATE

M M / D D / Y Y Y Y  
03 / 28 / 2009

3. FEC IDENTIFICATION NUMBER

C C00349225

4. IS THIS STATEMENT

☒

NEW (N)

OR

☐

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

Mr. Eric J. Muehlbauer

Signature of Treasurer

Electronically Filed by Mr. Eric J. Muehlbauer

Date

M M / D D / Y Y Y Y  
03 / 28 / 2009

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 02/2009)